

An Overview of PS14-1403 – Capacity Building Assistance (CBA) for High-Impact HIV Prevention

August 9, 2013

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Overview

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Capacity Building Branch Mission

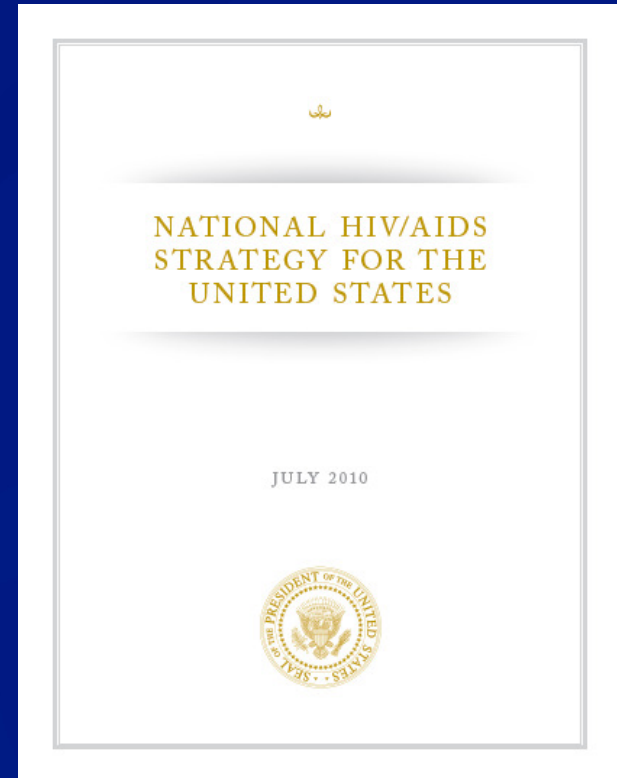
To improve the performance of the HIV prevention workforce by increasing the knowledge, skills, technology, and infrastructure necessary to implement and sustain science-based, culturally appropriate HIV prevention interventions and strategies.



CHANGING HIV PREVENTION LANDSCAPE

National HIV/AIDS Strategy (NHAS)

- ❑ **Reduce new HIV infection**
- ❑ **Increase access to care and improve health outcomes for people living with HIV**
- ❑ **Reduce HIV-related health disparities**



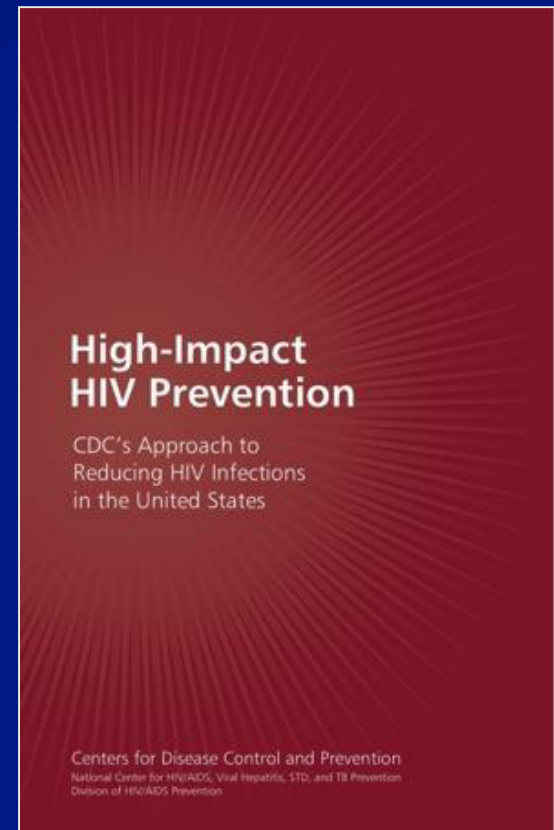
<http://www.whitehouse.gov/sites/default/files/uploads/NHAS.pdf>

High-Impact HIV Prevention (HIP)

Applying the science of implementation to maximize impact

□ Key components

- Effectiveness and cost
- Feasibility of full-scale implementation
- Coverage of targeted populations
- Interaction and targeting of interventions
- Prioritizing interventions



http://www.cdc.gov/hiv/strategy/dhap/pdf/nhas_booklet.pdf

A Timeline of Scientific Advances in Prevention Benefits of Treatment

2010

- **November** - NIH announced results of **iPrEx** study showing a daily dose of HIV drugs reduced risk of HIV infection among HIV-negative men who have sex with men by 44%

2011

- **May** - HPTN052 showed early treatment reduced the risk of HIV transmission to an uninfected partner - by at least 96% among heterosexual couples
Breakthrough of the Year!
- **July** - new CDC study (**TDF2**) and separate trial (**the Partners PrEP study**) provide 1st evidence that ARVs can also reduce HIV transmission

2012

- **July** - the U.S. Food and Drug Administration approved the combination medication Truvada for use as PrEP among sexually active adults at risk for HIV infection

Comprehensive HIV Prevention Programs for Health Departments (PS12-1201)

HIV Testing

- Testing in health care and non-health care settings
- Testing of pregnant women
- Ensure linkage to care and prevention services

HIV Prevention with Positives

- ART and adherence interventions
- STD screening and treatment
- Partner services
- Behavioral interventions for HIV-positive persons
- Retention and re-engagement in care

Condom Distribution

- Focus on people with HIV and at high risk

Structural and Policy Initiatives

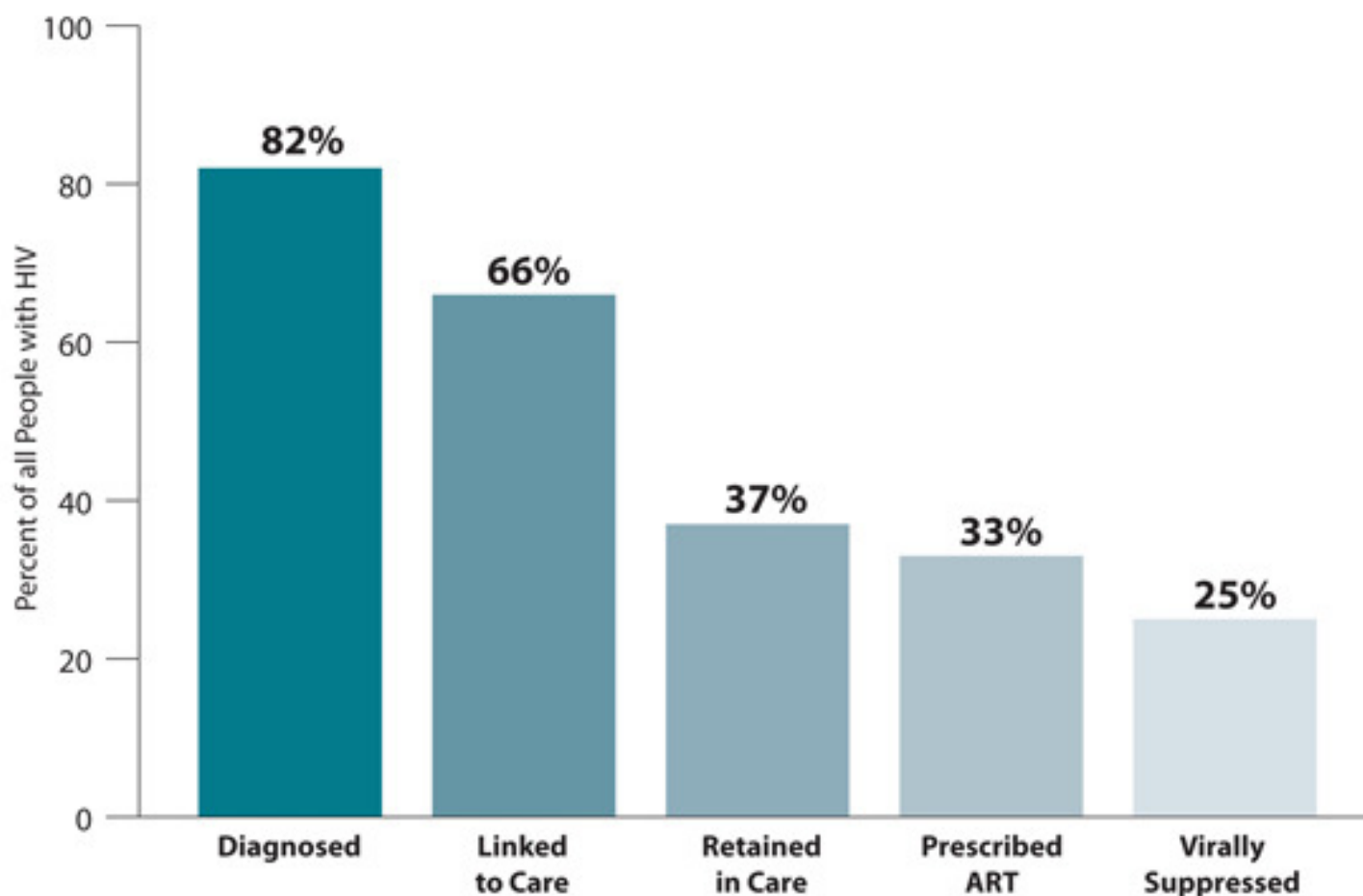
- Create enabling environment for optimal HIV prevention and care through policies, regulations, and practice

Community High-Impact Prevention (CHIP)

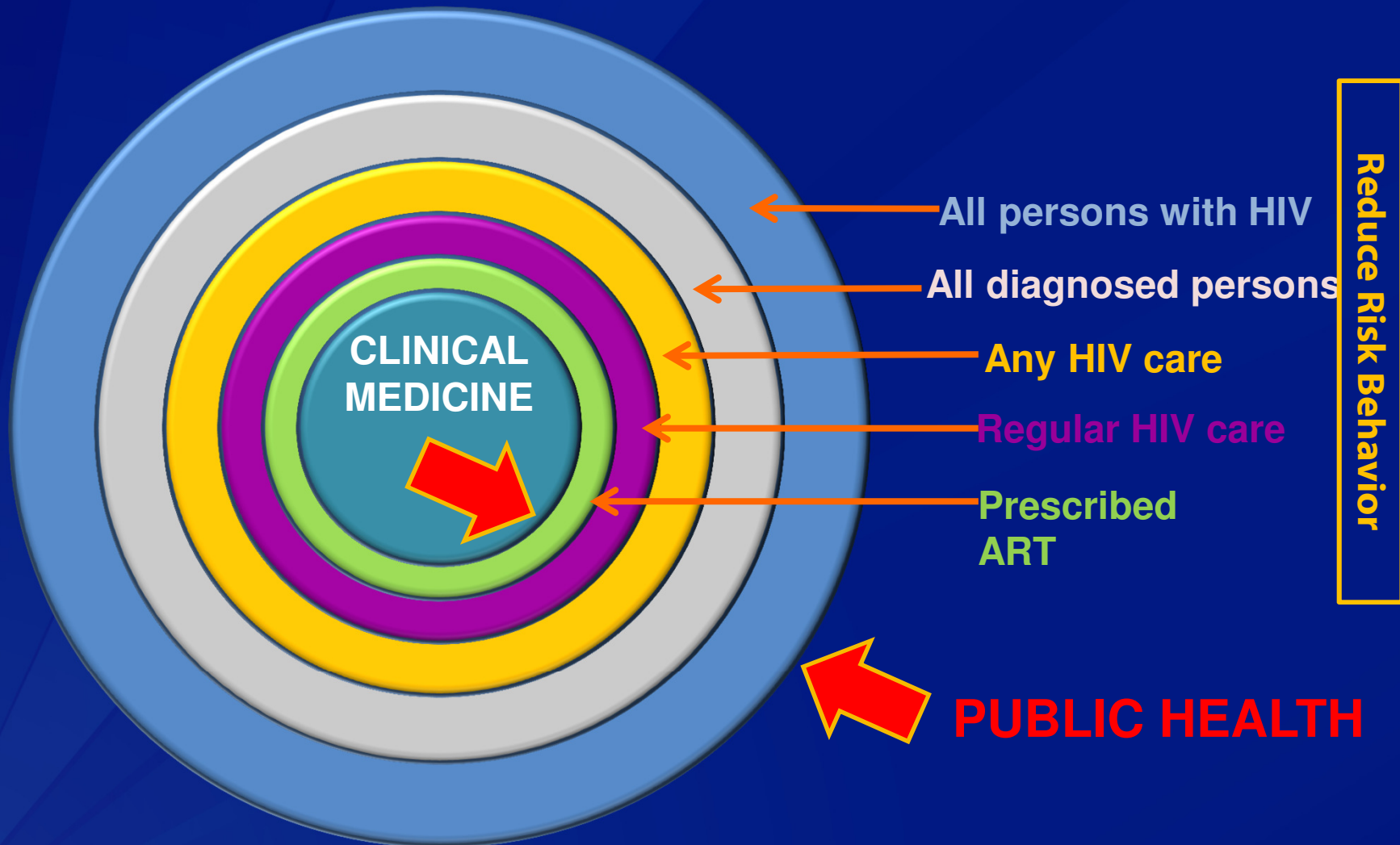
- ❑ **FY 2014, CDC will institute CHIP**
 - **New initiative to shift programmatic efforts of capacity building organizations**
 - **Maximize prevention impact to reduce HIV infections and related morbidity, mortality and health disparities**

FIGURE. Percentage of persons with HIV engaged in selected stages of the continuum of care – United States

OVERALL: Of the 1.1 million Americans living with HIV, only 25 percent are virally suppressed.

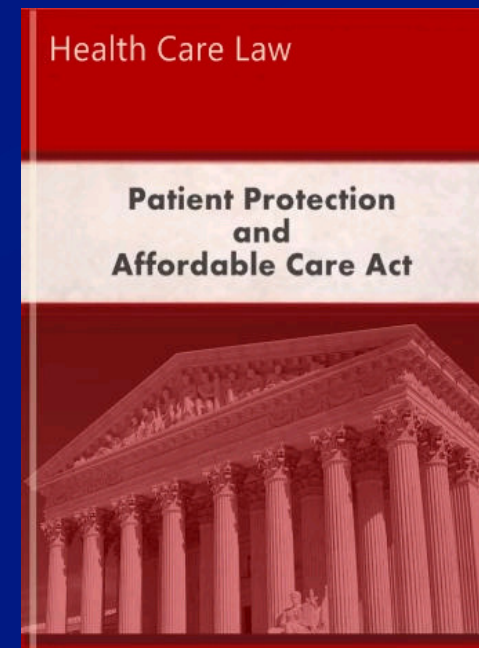


Integration of Surveillance and Program Activities at Health Department and Clinic Levels



The Affordable Care Act (ACA)

- **Expands coverage to 30 million Americans**
 - Tens of thousands with HIV
- **Prohibits denials of coverage based on HIV status and other pre-existing conditions**
- **Increased healthcare choices**
- **Reimbursable costs**
- **Coverage necessary but not sufficient to improve HIV outcomes**
 - Continued need to address stigma, discrimination, and barriers to access and engagement in care



Adapted Slide from Dr. Grant Colfax, Office of National AIDS Policy
Office of the Assistant Secretary for Planning and Evaluation, 2012

**Health
Department**

**Healthcare
Organizations**

CBO

**Partner
Communicate
Collaborate**



Funding Opportunity Development

- ❑ **National Network of Prevention Training Centers Meeting (Aug. 2012)**
- ❑ **Capacity Building Assistance Institute (Sept. 2012)**
- ❑ **Community Engagement Sessions (Oct. – Nov. 2012)**
- ❑ **Community Engagement Webinars (Dec. 2012 – Jan. 2013)**

Purpose of PS14-1403

- ❑ To strengthen the capacity of the HIV prevention workforce to optimally plan, implement, and sustain high-impact HIV prevention interventions and strategies within health departments, community-based organizations, and healthcare organizations**
- ❑ To reduce HIV infections and related morbidity, mortality, and health disparities across the United States and its territories.**

Program Strategies

1. Information collection, monitoring, synthesis, packaging, and dissemination;
2. Training for skills development; and
3. Technical assistance including consultations, services, and facilitation of peer-to-peer mentoring

CBA Categories

Category A: Health Departments

Category B: Community-Based Organizations

Category C: Healthcare Organizations

**Category D: CBA Provider Network (CPN)
Resource Center**

Applicants may apply for no more than two of the four available funding categories. If applying for two funding categories, applicants must submit two separate applications.

General Program Requirements

- 1. Competent Staff**
- 2. CBA Delivery Plan**
- 3. CBA Services & Products**
- 4. Cultural Competence**

General Program Requirements

- 5. Marketing**
- 6. CPN Participation**
- 7. Reporting**

PS14-1403 – PROGRAM REQUIREMENTS:

1.) Competent Staff, 2) CBA Delivery, 3) CBA Services, 4) Cultural Competence, 5) Marketing, 6) CBA Provider Network (CPN) Participation, 7) Reporting

Category A: Health Departments	Category B: Community-based Organizations	Category C: Healthcare Organizations	Category D: CPN Resource Network
<u>Component Options:</u> 1. HIV Testing 2. Prevention with HIV-Positive Persons 3. Prevention with High-Risk HIV-Negative Persons 4. Condom Distribution 5. Organizational Development & Management 6. Policy	<u>Component Options:</u> 1. HIV Testing 2. Prevention with HIV-Positive Persons 3. Prevention with High-Risk HIV-Negative Persons 4. Condom Distribution 5. Organizational Development & Management	<u>Component Options:</u> 1. HIV Testing 2. Prevention with HIV-Positive Persons 3. Prevention with High-Risk HIV-Negative Persons 4. Condom Distribution	<u>All Required:</u> 1. Marketing CPN 2. Supplemental Development of CPN Products 3. CPN Coordination & Meeting Support

Component Activity	Category	FOA Page Number
HIV Testing	A, B, and C	10
Prevention with HIV-positive Persons	A, B, and C	10
Prevention with High-Risk HIV-negative Persons	A, B, and C	11
Condom Distribution	A, B, and C	11
Organizational Development & Management	A and B	11
Policy	A	12
Marketing of CBA Provider Network	D	13
Supplemental Development of CPN Products	D	14
CPN Coordination	D	17

Activity Examples of HIV Testing **(Categories A, B, and C)**

- ❑ **Delivery of high quality HIV testing services in all settings and meeting or exceeding standards for provision of test results, linkage to care, provision of partner services, and referral to prevention services**
- ❑ **Establish new or leverage existing third-party systems for reimbursement of costs associated with eligible HIV testing services**
- ❑ **Integration of new HIV testing efforts into existing services to increase the number of persons diagnosed with HIV in non-healthcare and healthcare settings**

See page 10 of the FOA for a complete list of activities

Activity Examples of Prevention with HIV-Positive Persons **(Categories A, B, and C)**

- ❑ Linkage to HIV care, treatment, and prevention services for persons testing HIV positive or currently living with HIV/AIDS**
- ❑ Retention in care for HIV-positive persons**
- ❑ Partner Services for HIV-positive persons and their partners**
- ❑ Behavioral, structural, and/or biomedical interventions (including treatment adherence) for HIV-positive persons and HIV-positive persons in HIV-discordant couples**

See pages 10-11 of the FOA for a complete list of activities

Prevention with High-Risk HIV-Negative Persons (Categories A, B, and C)

- ❑ Behavioral risk screening for acquiring HIV**
- ❑ Behavioral, structural, and/or biomedical interventions for high-risk HIV-negative persons and HIV-negative persons in HIV-discordant couples at risk for acquiring HIV from an infected partner**
- ❑ Referral and linkage to other medical and social services**

See page 11 of the FOA for a complete list of activities

Condom Distribution (Categories A, B, and C)

- ❑ **Targeting HIV-positive persons, HIV sero-discordant couples, and HIV-negative persons at highest risk of acquiring HIV infection and other STDs**
- ❑ **Best practices to plan, implement, evaluate, and sustain condom distribution programs**

See page 11 of the FOA for a complete list of activities

Activity Examples of Organizational Development and Management

(Categories A and B only)

- ❑ Human resource development and management**
- ❑ Third-party billing systems for HIV prevention programs and services**
- ❑ Allocation of HIV prevention fiscal resources (e.g., mathematical modeling and other strategies)**
- ❑ Use of surveillance and program monitoring and evaluation data to improve the efficiency, effectiveness, and outcomes of program activities and achieve program goals**
- ❑ Organizational needs assessments and capacity building planning**

See pages 11-12 of the FOA for a complete list of activities

Activity Examples of Policy (Category A only)

- ❑ Efforts to align resources structures, policies, and regulations in the jurisdiction with optimal HIV prevention, care, and treatment**
- ❑ Multi-sectorial partnerships to address HIV-related social determinants of health**
- ❑ HIV planning**
- ❑ Social marketing, media, and community mobilization to effect structural improvements or transformation**

See pages 12-13 of the FOA for a complete list of activities

Category D: CPN Resource Center

❑ Marketing of CBA Provider Network

- **Develop and implement a national marketing plan to increase visibility and utilization of the CPN and its services among target populations.**
- **Develop English and Spanish language materials**
- **Develop and manage a CPN website appropriately comprised of open elements accessible to target populations and general public and closed elements accessible to CPN members**

See pages 13-14 of the FOA for a complete list of activities

Marketing of CPN cont'd

The CPN website may provide centralized access to information on topics including but not limited to:

- ❑ Affordable Care Act

- ❑ Basic Epidemiology

- ❑ Billing and Insurance

- ❑ Co-Infection/STDS

- ❑ Communication (e.g., Cultural Competence, etc.)

- ❑ Community Assessment

- ❑ Couples HIV Testing and Counseling

- ❑ Data Collection, Reporting, and Use

- ❑ HIV Prevention in Healthcare Settings

- ❑ HIV Testing Technology Updates

- ❑ HIV Prevention for Sero-Discordant Couples

- ❑ HIV Prevention with Positives

- ❑ Linkage and Patient Navigation

- ❑ Medication Adherence

- ❑ Medication Overview and Updates

- ❑ Partner Services

- ❑ Provider Partnerships

- ❑ Quality Assurance

- ❑ Retention in Care

Category D: CPN Resource Center cont'd

■ Supplemental Development of CPN Products

- Spanish translation of existing and new capacity building materials
- Identify and facilitate a process to secure continuing education units and other certifications for existing and new training curricula
- Develop and implement process to transition existing and new training curricula to appropriate distance learning or web-based formats

■ CPN Coordination and Meeting Support

- Meeting planning and event logistics management
- Programmatic support regarding content development
- Teleconference and webinar coordination and management

Project Period Outcomes

- 1. Increased accessibility and availability of culturally and linguistically appropriate capacity building assistance**
- 2. Increased utilization by the target audience members of culturally and linguistically appropriate capacity building assistance**
- 3. Improved capacity of the target audience members to implement HIP and supporting activities, including increases in knowledge, skills, self-efficacy, and intended use of capacity.**

Eligible Applicants

- ❑ American Indian/Alaska Native tribal governments (federally recognized or state-recognized)
- ❑ American Indian/Alaska native tribally designated organizations
- ❑ Alaska Native health corporations
- ❑ Colleges
- ❑ Community-based organizations
- ❑ Faith-based organizations
- ❑ For-profit organizations (other than small business)
- ❑ Healthcare corporations
- ❑ Healthcare organizations
- ❑ Hospitals
- ❑ Nonprofit with 501C3 IRS status (other than institution of higher education)
- ❑ Nonprofit without 501C3 IRS status (other than institution of higher education)
- ❑ Political subdivisions of States (in consultation with States)
- ❑ Professional associations
- ❑ Research institutions (that will perform activities deemed as non-research)
- ❑ Small, minority, and women-owned businesses
- ❑ State and local governments or their Bona Fide Agents
- ❑ Tribal epidemiology centers
- ❑ Universities
- ❑ Urban Indian health organizations

Award Information

- ❑ Type of Award: **Cooperative Agreement**
- ❑ Project Period Length: **April 1, 2014 – March 31, 2019**
- ❑ Up to 25 Awards:
 - Average award: **\$1.25 million**
 - Minimum: **\$500,000**
 - Maximum: **\$3 million**

Award Information Cont'd

- ❑ **Approximate number of awards:**
 - **Category A: Health Departments**
 - **up to 10 awards**
 - **Category B: Community-based organizations**
 - **up to 9 awards**
 - **Category C: Healthcare Organizations**
 - **up to 4 awards**
 - **Category D: CPN Resource Center**
 - **up to 2 awards**

Funding Restrictions

❑ **Restrictions, which must be taken into account are as follows:**

- **May not use funds for research**
- **May not use funds for clinical care**
- **May only expend fund for reasonable purposes**
- **May not use funds for the purchase of furniture/equipment**
- **Reimbursement of pre-award costs is not allowed**
- **May not use funds for any kind of impermissible lobbying activity**
- **May not use funds for construction**
- **Direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes**

Notes for Applicants

- ❑ Applications must be submitted electronically at www.grants.gov
- ❑ Applicants may:
 - Seek one award per funding category
 - Select no more than 2 of the 4 funding categories
- ❑ If applying for 2 categories, applicants must submit two separate applications.
- ❑ Incomplete or non-responsive applications will not be entered into the review process
- ❑ Follow all FOA instructions related to each part of the application including required and permissible attachments; font; line spacing; page limitations; and file naming conventions and formats.

Application Submission Checklist

- ☐ **Table of Contents**
- ☐ **Project Abstract**
- ☐ **Project Narrative**
 - a) Background
 - b) Approach
 - c) Organizational Capacity for Applicants to Execute Approach
 - d) Evaluation and Performance Measurement Plan
- ☐ **Budget Narrative**

Application Submission Checklist cont'd

- ☐ **Evidence of the ability to implement a national program**
- ☐ **Resumes/CVs of key staff inclusive of consultants**
- ☐ **Documentation of proposed or existing collaborations**
- ☐ **Organizational Chart(s) that identify location of proposed program**
- ☐ **Non-Profit Organization IRS status forms, if applicable**
- ☐ **Indirect Cost Rate, if applicable**
- ☐ **CDC Assurances and Certifications**

Application Review Process

- ❑ Phase I: Review for completeness and responsiveness
 - Incomplete or non-responsive applications will not be advanced to Phase II review
- ❑ Phase II: Special Emphasis Panel
 - Objective review and scoring based on “Criteria” section in FOA
 - Must score 65 of 100 points

Application Review Process cont'd

- ❑ **Preference to ensure full programmatic coverage across all categories and/or program components;**
- ❑ **Preference to avoid unnecessary duplication of coverage for a category and/or program component(s);**
- ❑ **Preference for applicants that propose to address categories and/or program components not addressed by higher ranking applicants;**
- ❑ **Preference for applicants that propose cost-effective programs that fully maximize the impact of CDC's fiscal resources.**

Application Review Process cont'd

□ Phase 3: Pre-Decisional Site Visits

- **Technical review of application and discussion of proposed program**
- **Assessment of applicant's capacity to implement the proposed program**
- **Identify need for further training, technical assistance, or other CDC resources**

Final funding determinations will be based on results from the entire review process

Important Dates

- | | |
|------------------------------|---------------------|
| ❑ FOA Publication | August 2, 2013 |
| ❑ Letter of Intent Due | August 22, 2013 |
| ❑ Application Due | October 2, 2013 |
| ❑ Pre-Decisional Site Visits | December 2-17, 2013 |
| ❑ FOA Announcement | February 28, 2014 |
| ❑ FOA Award | April 1, 2014 |

Pre-Application Technical Assistance

- ❑ **For programmatic technical assistance, contact the Capacity Building Branch**
 - **Email: HIPTA@CDC.GOV**
 - **Phone: (404)639-8192**

- ❑ **For financial, awards management, or budget assistance, contact Ester Edward**
 - **Email: ECE9@CDC.GOV**
 - **Phone: (770) 488-2852**

Pre-Application Technical Assistance

- ❑ **For technical support regarding submission difficulties, contact www.grants.gov Contact Center:**
 - **Email: support@grants.gov**
 - **(800)518-4726**

- ❑ **For all other submission questions, contact Technical Information Management Section**
 - **Email: pgotim@cdc.gov**
 - **Phone: 770-488-2700**



HIV/AIDS

HIV/AIDS

HIV Basics

Who's at Risk for HIV?

HIV Testing

Living With HIV

Prevention Research

Policies and Programs

Affordable Care Act

DHAP Annual Report

DHAP Strategic Plan

Evaluation

Expanded Testing Initiative

Funding

Funding Announcements

Funding Awards 2012

Funding Awards 2011

Funding Awards 2010

Funding Awards 2009

Funding Awards 2008

PS08-803

ps09-906

PS10-1003

PS10-10138

[HIV/AIDS](#) > [Policies and Programs](#) > [Funding](#)

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Funding Opportunity Announcement: PS14-1403 Capacity Building Assistance for High-Impact HIV Prevention

- [Program Background Brief](#)
- [Questions and Answers](#)
- [Letter of Intent](#)
- [After You Apply](#)
- [Pre-Application Technical Assistance Activities](#)
- [Application Submission Checklist](#)
- [Prevention Partner Letter](#)
- [Related Links](#)
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The Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), Division of HIV/AIDS Prevention (DHAP), Capacity Building Branch is pleased to announce the publication of Funding Opportunity Announcement (FOA) PS14-1403 Capacity Building Assistance for High-Impact HIV Prevention. This FOA was published August 2, 2013 on www.grants.gov (please find the instructions for accessing the FOA below). The application deadline is **October 2, 2013**.

Purpose

This program will strengthen the capacity of the HIV prevention workforce to optimally plan, implement, and sustain high-impact HIV prevention interventions and strategies within health departments, CBOs, and healthcare organizations to reduce HIV-related morbidity, mortality, and health disparities across the United States and its territories.

Awardees will constitute a national Capacity Building Assistance (CBA) Provider Network (CPN), implement all program requirements, and deliver free (not for fee) high quality CBA services. Available funding is categorized by the primary organizational consumers of CBA services:

A. Health Departments

B. Community-based Organizations

HIV A-Z Topics

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Esta página en Español

Find an HIV Testing Site

City, State/ZIP

5 miles

GO

Find an HIV testing site near you.

For additional HIV services, select the "More" tab.



<http://www.cdc.gov/hiv/policies/funding/announcements/PS14-1403/index.html>

Category Specific Question and Answer Sessions

- ❑ **Category A: Health Departments**
 - **August 13, 2013** **1-2 PM EST**
- ❑ **Category B: Community-based Organizations**
 - **August 13, 2013** **3-4 PM EST**
- ❑ **Category C: Healthcare Organizations**
 - **August 15, 2013** **1-2 PM EST**
- ❑ **Category D: CPN Resource Center**
 - **August 15, 2013** **3-4 PM EST**

**PLEASE SUBMIT YOUR QUESTIONS PRIOR TO THE Q&A
SESSIONS TO HIPTA@cdc.gov**

Thank You!

